

# Legislative Health Care Workforce Commission

## Meeting 1

July 28, 2015

10:00 – 12:00

200 State Office Building

### Draft Minutes:

**Participants:** Greg Clausen, Tony Lourey, Mary Kiffmeyer, Melissa Wiklund, Matt Dean, Tara Mack, Laurie Halverson, Joe Schomacker, Jennifer Schultz, Mark Schoenbaum

#### 1. General Commission Business

**Future Meeting Dates, location & hours** - Will be determined by the co-chairs.

**Chair Appointments** - House will provide Co-Chair by the end of the meeting.

#### 2. Review Commission Charge, Report and Overview of Last Year's Actions - Mark Schoenbaum, MDH

*[The Commission Charge and Report are available on the Commission's website.]*

Mr. Schoenbaum reviewed the Commission Charge. *See pages 5-6 of the Commission 2014 Report.*

Mr. Schoenbaum reviewed the Commission's actions during 2014.

- I. In 2014 the Commission held seven meetings during which it heard testimony from a wide variety of stakeholders. Much of 2014 was dedicated to in-depth background work (identifying and describing issues facing the health care workforce in Minnesota specifically). Issues the Commission touched on included:
  - i. Projected needs
  - ii. Demand and supply
  - iii. Pipeline issues

Mr. Schoenbaum reviewed the Commission's 2014 Report.

- I. The Report comes to the following conclusions (non-exclusive list):
  - i. There is a shortage of physicians but no one agrees on size of shortage, however most agree there are shortages significant enough to cause concern.
  - ii. Diversity of health care workforce is not as diverse of general population and is not increasing at rate of diversity in general population.
  - iii. Primary care pays less and is not evenly spread/available across the state.
  - iv. Long-term care sector has unique and significant issues. The long-term care sector typically includes workers with lower education

levels than health care generally and is more diverse than rest of health care sectors.

- v. State and Local government investments in health care workforce were examined and the Commission found that this number was hard to assess. Additional work still may be completed on this issue.
- vi. Duties and roles of workers are influential on workforce issues and scope of practice is controlled by regulations. Further action possible on this issue.
- vii. MN has been leader in implementing new types of health care professionals.

**3. Update from 2015 Session on Commission Recommendations - Mark Schoenbaum, MDH**

*[See “2015 Session Update, Legislative Health Care Workforce Commission” available on the Commission’s website.]*

Mr. Schoenbaum described action taken on health care workforce issues during the 2015 legislative session.

- I. 2015 legislative action on health care workforce issues included:
  - i. Loan forgiveness program expanded
  - ii. MERC appropriation increased
  - iii. Primary care residency expansion & International Assistance program – both using PPP emphasis
  - iv. STEM policy expansion
  - v. Increased residency slots
  - vi. Emeritus Licenses for social workers
  - vii. Telemedicine expanded and interstate licensure compact passed
  - viii. DHS rate setting methodology modified
  - ix. Pipeline project for apprenticeship programs
  - x. \$15m appropriated for Blue Ribbon commission at U of M medical School
  - xi. International Medical Graduates Assistance program established
  - xii. Home and community based scholarship program established
  - xiii. Community Emergency Medical Technician (CEMT) was established as a profession

Sen. Kiffmeyer inquired about the possibility of including additional loan forgiveness support for applicants who worked in nursing homes prior or concurrent to receiving their professional degree. Mr. Schoenbaum explained the loan forgiveness program is designed to touch students at the end of their education and selection is primarily based on their interest, background, prior experience in the health care setting they are entering. Sen. Kiffmeyer indicated that incentives have been helpful in addressing workforce issues for nursing homes in her area.

**4. Identify Priority Topics for Upcoming Session - Mark Schoenbaum, MDH**

*[Sen. Clausen opened discussion to members, asking them to indicate what issues they believe should be priorities for the upcoming year.]*

Sen. Wiklund inquired regarding Charge 1 recommendation 1 & 2 (goal of integrating and collections of data) and the availability of additional documentation and results from the National

Governor's Association Policy Academy's actions on this issue. Mr. Schoenbaum informed the Commission that the NGA Policy Academy's work is ongoing on data coordination and policy coordination between agencies. This group will issue a report and policy recommendations this fall. Sen. Wiklund requested that this report be reviewed by the Commission.

Sen. Kiffmeyer indicated that updated State and local spending data would be helpful, particularly if it included percentage increase numbers. Furthermore, information regarding enrollments would be helpful for updated version of chart included in the 2014 Report on page 24 would be helpful in identifying trends in clinical training sites (charge 4, recommendation 29). Additionally, Sen. Kiffmeyer inquired about what training sites currently exist and what changes they need. She indicated that preceptor or rural practice tax credit would be helpful and targeted state level effect that we can take actions. Sen. Clausen indicated that there were some proposals in the 2015 legislative session regarding preceptor incentives but without a tax bill progress on the issue was difficult.

Sen. Kiffmeyer requested that the language of the proposals introduced in the 2015 legislative session be provided to Commission members for review.

Rep. Halverson indicated that there are areas in long-term health care staffing where there is dramatic turnover and would like to examine options to support continuity of care.

Rep. Schultz clarified that doulas are not able to be reimbursed by medical assistance but would like to see this changed. Current difficulty in this process is that they are not technically licensed. Sen. Clausen agreed that scope of practice would be a good topic to address this year, particularly in terms of reimbursement. Mr. Schoenbaum indicated the scope of practice NGA technical assistance project will start in October and last approximately one year. This group will work on developing a consensus framework.

Rep. Schomacker indicated he would like to examine the ROI in state government spending on health care workforce. Additionally, when considering scope of practice issues he hopes the Commission will review some recommendations not from industry. Finally, Rep. Schomacker would like to examine what role adult basic education could play in addressing the workforce issue.

**Public Testimony:**

Sarah Lewerenz, Legislative Coordinator at AFSCME 65 testified that the Commission should examine how wage barriers are effecting non-nursing home long-term care workers (group homes, PCA's, achievement programs, etc.).

*[Revert to General Commission Business.]*

Rep. Mack named House Co-Chair for the Commission.

Commission adjourned.

Background information on the Commission is posted on its website, under meeting materials: <http://www.lcc.leg.mn/lhwc/meetings.html>